

## 8th District Constituent Information Form

*Please Print or Type:*

Full Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Name Of Petitioner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Reason for Requesting Assistance: (Use reverse side if necessary. Attach copies of any letters, documents, etc., that you feel will be helpful in resolving your problem.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alien Registration # ("Green Card #"): \_\_\_\_\_

Receipt #: \_\_\_\_\_

Form Filed:

_____ I-129	_____ I-485	_____ I-824	_____ N-600	_____ I-600	_____ I-130
_____ I-526	_____ N-400	_____ N-643	_____ I-600A	_____ I-140	_____ I-53
_____ N-565	_____ G-639	_____ I-131	_____ I-751	_____ I-765	_____ I-601
_____ I-612	_____ I-90	Other (Specify): _____			

Where Filed: \_\_\_\_\_

### To Whom It May Concern:

Pursuant to the provisions of 5 U.S.Code 552a (Privacy Act of 1974) P.L. 93-579, I hereby authorize the release of copies of, or information from my medical or any other records or files pertaining to me, to Congressman James C. Greenwood and/or his staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files to anyone without your written authorization. By completing this form and signing the PRIVACY ACT statement below, you are authorizing the federal agency involved to disclose such information to U.S. Congressman James Greenwood and/or members of his staff. Such information will be kept confidential by them.